

**NEW SESSION  
STARTS SEP. 27TH!**

# CUTTING EDGE KARATE

## KARATE

ENRICHMENT PROGRAM  
AT FAITH BAPTIST SCHOOL

CLASS DAY: TUESDAYS, 3:35-4:25PM

START DATE: SEPTEMBER 27TH

(MID SESSION SIGN UPS ARE WELCOME)

### 10 WEEK PROGRAM

OFFERED TO K5 THROUGH 5TH GRADE  
(CLASS WILL BE HELD THROUGHOUT THE SCHOOL YEAR)

COST: \$130 PER STUDENT  
(FIRST TIME STUDENTS-PLEASE ADD \$25 UNIFORM FEE)

\*STUDENTS MEET BY THE PLANTER BETWEEN THE  
PLAYGROUND AND THE OFFICE

\*K5 STUDENTS WILL BE PICKED UP FROM THEIR CLASSROOMS

PLEASE MAKE CHECKS PAYABLE TO  
"CUTTING EDGE KARATE" AND SEND  
WITH COMPLETED REGISTRATION FORM TO:

CUTTING EDGE KARATE  
PO BOX 9024  
CANOGA PARK, CA 91309

(818) 888-8660

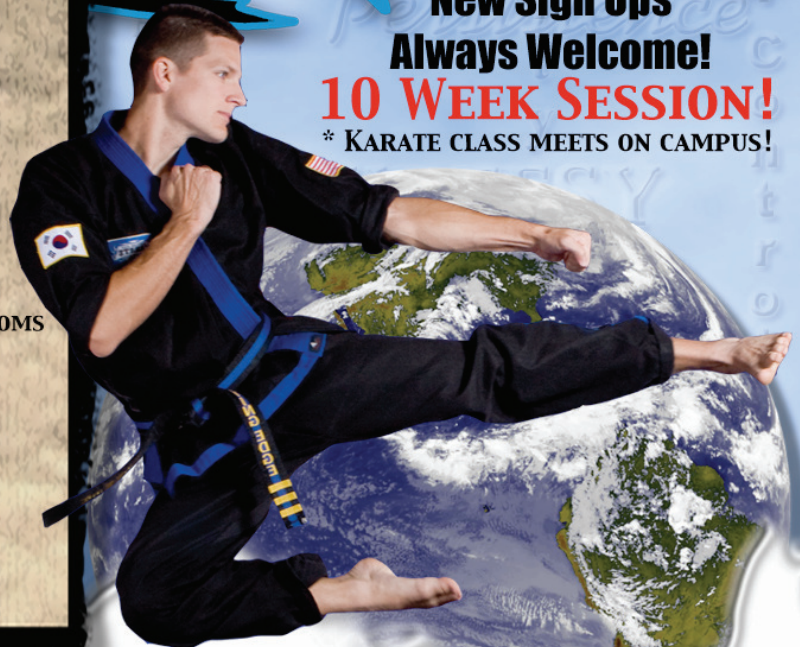
INFO@CUTTINGEDGEKARATE.COM

WWW.CUTTINGEDGEKARATE.COM

**New Sign Ups  
Always Welcome!**

**10 WEEK SESSION!**

\* KARATE CLASS MEETS ON CAMPUS!



**\*PLEASE DETACH AND SEND WITH PAYMENT TO ABOVE ADDRESS**



Faith Baptist Schools  
Session 1  
2011-12

Student #1: \_\_\_\_\_ M/F \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #2: \_\_\_\_\_ M/F \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any health concerns: \_\_\_\_\_

*It is urged that all students obtain a physical examination prior to attendance in any physical activities classes or events. In recognition of the possible danger connected with any physical activity, member hereby knowingly and voluntarily waives any right of cause of action of any kind whatsoever arising directly or indirectly as the result of such activity from which any liability may or could accrue to Faith Baptist Church and Schools Inc., Cutting Edge Karate, Instructors, agents, and employees. We understand and agree to these terms and policies.*

Parent/Guardian Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out the following to pay by credit card: Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address: Fill out if different from address above.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_